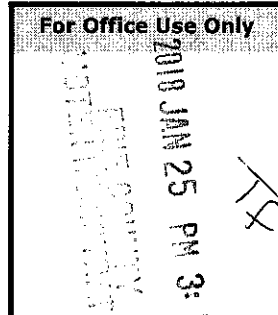


Commonwealth of Pennsylvania
Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER: 20130029		REPORT FILED ON BEHALF OF: Committee	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		MEAD, JAMIE COMMITTEE TO ELECT	
STREET ADDRESS 2415 W GRANDVIEW BLVD			
CITY ERIE	STATE PA	ZIP CODE 16506-4511	
TYPE OF REPORT Annual			
NAME OF OFFICE SOUGHT BY CANDIDATE			
DISTRICT CODE		PARTY CODE	
DATE OF ELECTION 11/7/2017			
DATES OF REPORTING PERIOD 1/1/2017 TO 12/31/2017			
AMENDMENT REPORT? NO		TERMINATION REPORT? YES	
CASH BALANCE AT THE END OF REPORTING PERIOD: 0.00			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: 0.00			



AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

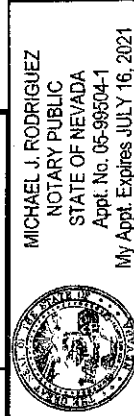
8 day of January 20 18

SIGNATURE

MY COMMISSION EXPIRES 7 16 2021

SIGNATURE OF PERSON SUBMITTING REPORT
EDWARD COLEMAN
PRINTED NAME

814 866-3000
AREA CODE DAYTIME TELEPHONE NUMBER



PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

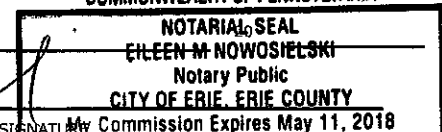
I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

day of

SIGNATURE

MY COMMISSION EXPIRES



SIGNATURE OF PERSON SUBMITTING REPORT
JAMIE MEAD
PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER